

Virginia Heart Disease and Stroke Alliance Member In-Kind Contribution Report

Please complete electronically or print for legibility.

Member Name	Member's Employer Name

Reason for In-Kind Donation #1

- Committee/Sub-Committee Meeting
 Partnerships & Collaboration Surveillance & Evaluation Steering
 Education Policy & Systems Change
 Full Alliance Meeting
 Performing Other Alliance Duties: _____

Personnel Expenses: please include travel time

(If Rate per hour is left incomplete, it will be completed based on Virginia Occupational Employment and Wage Estimates provided by the US Dep't of Labor, Bureau of Labor Statistics.)

# Hours	Rate per Hour	\$ Total

Supplies and Materials Provided

Item Supplied	# Supplied	Cost Per Item	\$ Total

Travel Expenses – round trip

Total # Miles	Travel Rate	\$ Total
	\$0.50	

Reason for In-Kind Donation #2

- Committee/Sub-Committee Meeting
 Partnerships & Collaboration Surveillance & Evaluation Steering
 Education Policy & Systems Change
 Full Alliance Meeting Performing Other Alliance Duties
 Phone Call(s) Other: _____

Personnel Expenses

(If Rate per hour is left incomplete, it will be completed based on Virginia Occupational Employment and Wage Estimates provided by the US Dep't of Labor, Bureau of Labor Statistics.)

# Hours	Rate per Hour	\$ Total

Supplies and Materials Provided

Item Supplied	# Supplied	Cost Per Item	\$ Total

Travel Expenses

Total # Miles	Travel Rate	\$ Total
	\$0.55	

Signature of Member Submitting

Date